FORAL FOTAL COTAL	CHARGEA CHARGEA ENDENT CL PLE DEPEN	BLE CLAIMS AIMS DENT CLAIM PI	S FILED (Column NUMBER 23 min	ber 1, 20 - PART I	(Calı	ION RECO	ST	MALL ETYPE [NTITY FEE	OR	OTHER SMALL RATE	
OR OTAL (NDEPE	CHARGEA ENDENT CL PLE DEPEN	BLE CLAIMS AIMS DENT CLAIM PI	(Column 23 NUMBER 23 min	n 1) FILED	(Coli		Ī	RATE	\supseteq]	SMALL	ENTITY
OR OTAL (NDEPE	CHARGEA ENDENT CL PLE DEPEN	AIMS DENT CLAIM PI	23 min	nus 20=	NUM	BER EXTRA		,	FEE]	RATE	· FEE
OTAL (ENDENT CL	AIMS DENT CLAIM PI	23 min	nus 20=	NUM	BER EXTRA		,	•	-		
NDEPE	ENDENT CL	AIMS DENT CLAIM PI	g_ in		• - 2			BASIC FEE	385.00	OR	BASIC FEE	770.00
IULTIP	LE DEPEN	DENT CLAIM PI		inus 3 =		. 3		XS 9=		OR	X\$18=	521
		 			•		H	X43=	 	1	X86=	7
If the c	difference	in returns 8 in					-			OR		
it the (Omerence	Miles difference in column 2 is less than pass and a					L	+145=		OR	+290=	
	If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II							TOTAL	<u> </u>	OR	TOTAL	8240
	C.	LAIMS AS A (Column 1)	MENDE	• PAR` Colun)		(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
2.	Udo	CLAIMS REMAINING		HIGH	EST	PRESENT	Γ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	-	AFTER AMENDMENT		PREVIO PAID		EXTRA	L	TAIL	FEE			FEE
Total	ıl .	· 23	Minus	- 2	<u>3_</u>	·-O_	L	X\$ 9=		OR	X\$18=	
tnd	pendent	. 2	Minus	- E	3	-6	Γ	X43=		OR	X86×	
FIRS	ST PRESE	NTATION OF ML	JLTIPLE DEI	PENDENT	CLAIM		T	+145≏		OR	290=	
							. L	TOTAL			TOTAL	(
		(Column 1)		(Colum	m 21 .	(Column 3)	AE	DDIT. FEE		7	ADOIT. FEE	
	- A	CLABAS		HIGH	51		Г		ADDI-	1		ADDI-
Total Inde	706	REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA	L	RATE	TIONAL FEE		RATE	TIONAL
Total	4	· <i>2</i> 3	Minus	• 6	3	•	Γ	X\$ 9=		OR	X\$18=	
inde	pendent	. 2	Minus	***	3_	•6	T	X43=		OR	X66=	
FIRS	ST PRESE	VITATION OF MU	LTIPLE DEF	PENDENT	CLAIM	لللب	t	+145=		OR	+290=	
							Ļ	TOTAL			YOTAL	\\\
							AD	OOIT. FEE		OR ,	OOIT. FEEL	- 1
T	····	(Column 1)		(Colum		(Column 3)	_				·	
		REMAINING AFTER AMENDMENT		NUMB PREVIOUS PAID F	ER USLY	PRESENT . EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total	,		Minus	**			1	X\$ 9=		OR	X\$18=	
Indep	pendent	•	Minus	***		•	-					
FIRS	T PRESEN	TATION OF MU	LTIPLE DEP	ENDENT	CLAIM		L	X43=		OR	X86=	
			•				1.	145=		OR	+290=	
If the er	ntry in colum Highest Num	n 1 is less than th ber Previously Pai	ntry in colu id For IN THIE	min 2, write 's SPACE is	O to cot	umn 3 1 20, emer "20."	674	TOTAL DIT. FEE	• .	OR .	TOTAL DOT. FEE	
		ber Proviously Paid er Proviously Paid							prizte box			